

CARROLL COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
290 South Center Street; P.O. Box 845
Westminster, Maryland 21158



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Deputy Health Officer

APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE FACILITY

Authority: Health General Article §§ 21-305 thru 21-311

LICENSE CAN NOT BE ISSUED IF APPLICATION IS NOT COMPLETED IN FULL

Please Print Clearly

1. Trade Name of Business _____ Phone () _____
2. Mailing Address of Business _____
City _____ State/Zip _____
3. Location of Business _____
4. Owner of Business _____ Phone () _____
Address Owner _____
City _____ State/Zip _____
5. **If Business is part of a Corporation, provide the name, street address, and phone number of a person residing in Maryland who is authorized to accept Service of Process for another:**
Agent's Name _____ Phone () _____
Agent's Mailing Address _____
City _____ State/Zip _____
6. Landlord's Name _____ Phone () _____
Address of Landlord _____
City _____ State/Zip _____
7. Number of Seats in Facility, including Stools _____
8. Water Supply (Circle One): Private/Treated Private/Untreated Public
9. Sewage Disposal (Circle One): Private Public
10. Facility Provides Catering Services (Circle One): Yes No
11. Facility's Operating Hours and Days _____
12. Applicant's Name _____ Date _____
13. Applicant's Original Signature _____
Please Print Clearly
14. Facility Fee: Low \$60 Moderate \$115 High \$150 Fee Exempt
(1/2 cost after June 30)

For Health Department Use Only

License Number _____ - _____ - _____ Date Processed _____
Sanitarian's Signature _____ Date _____